S. No. 2
—11-10-39
v. 5-17-39
I X21492

AUG 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8868

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2351

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4064 MIAMI
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 38 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis 16
(If outside city or town limits write "RURAL")
(d) Street No. 4064 MIAMI
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ELIZABETH HUXHOLD
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife HENRY HUXHOLD
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL 14 - 1864
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	10	23	hr. min.

9. Birthplace St Louis, MO U
(City, town, or county) (State or foreign country)
10. Usual occupation housewife
11. Industry or business At home
FATHER 12. Name John Smith
13. Birthplace Germany
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name dont know
15. Birthplace dont know
(City, town, or county) (State or foreign country)
16. (a) Informant Ed. Huxhold
(b) Address 4064 Miami
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11 40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem
18. (a) Signature of funeral director Wm. L. Weidemueller
(b) Address 2723 Gravois Ave
19. (a) MAR 10 1940 (Date received local registrar) (b) J. D. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8
year 1940 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from 11-10-39 to 3-8, 1940
that I last saw her alive on 3-7, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	40 days
Due to Glomerulonephritis	5 yrs
Due to	

1321

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] M. D. (M. D. or other)
Address 5840 [illegible] Date signed 3-9-40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... Albert L. Stoppe

Licensed Embalmer No..... 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.).

If this body is not embalmed, above space should be left blank.